Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines for the Accreditation of Lactation Consultant Education Programs

Standards initially adopted in 2011; revised in 2018

Adopted by the
International Board of Lactation Consultant Examiners
Lactation Education Accreditation and Approval Review Committee
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Lactation Education Accreditation and Approval Review Committee (LEAARC).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Lactation Consultant profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Lactation Education Accreditation and Approval Review Committee (LEAARC) and the International Board of Lactation Consultant Examiners (IBLCE) cooperate to establish, maintain and promote appropriate standards of quality for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Lactation Consultant education programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession

The lactation consultant is an allied health care professional who possesses the necessary skills, knowledge and attitudes to provide quality breastfeeding assistance to families. Lactation consultants work within the professional code of ethics, clinical competencies, scope of practice and standards of practice. They integrate established knowledge and evidence when providing care for breastfeeding families, work within the legal framework of their respective geopolitical regions or settings, and maintain knowledge and skills through regular continuing education.

Lactation consultants educate families, health professionals and the community about breastfeeding and human lactation. They facilitate the development of policies which protect, promote and support breastfeeding, and act as advocates for breastfeeding as the child-feeding norm. They provide holistic, evidence-based breastfeeding support and care for families from preconception to weaning. Using principles of adult education, they facilitate learning for clients, health care providers and others in the community.

Lactation consultants perform comprehensive assessments related to lactation. They develop and implement an individualized feeding plan in consultation with families using evidence-based information. They integrate cultural, psychosocial and nutritional aspects of breastfeeding. They support and encourage parents to successfully meet their breastfeeding goals, using effective therapeutic communication skills when interacting with clients and other health care providers. They use the principles of family-centered care while maintaining a collaborative, supportive relationship with clients.

Lactation consultants maintain accurate records and reports, where appropriate. They preserve client confidence by respecting the privacy, dignity and confidentiality of families. They act with reasonable diligence by assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest.

Lactation consultants provide follow-up services as required, and make necessary referrals to other health care providers and community support resources when necessary. They deliver coordinated services to families, and work collaboratively and interdependently with other members of the health care team.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be at least one of the following, and must either award credit for the program or have an articulation agreement with an accredited post-secondary institution that awards credit:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma at the completion of the program.
2. A hospital or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide

healthcare, which awards a minimum of a certificate/diploma at the completion of the program.

3. A branch of the United States Armed Forces or other Federal agency, which awards a minimum of a certificate/diploma at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level lactation consultants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director
    a. Responsibilities

        The Program Director must be responsible for all aspects of the program, including, but not limited to:

        1) supervision of those activities of the faculty and administrative staff that are in direct support of the program;

        2) organization, administration, review, and planning, and development of processes that assure general effectiveness of the program;

        3) effectiveness of the program, including instruction and faculty, with systems in place to demonstrate the effectiveness of the program; and

            Faculty supervision may include but is not limited to providing regular performance evaluation, feedback, and corrective action.

        4) orientation/training and supervision of didactic and clinical preceptors.

    b. Qualifications

        The program director must:

        1) have an appointment in the sponsor's institution; and

        2) hold a minimum of a Bachelor's degree or equivalent degree that provides the knowledge and skills to administer the program

2. Curriculum Coordinator

   The position of Curriculum Coordinator can be fulfilled by the Program Director provided all qualifications are met for Program Director and Curriculum Coordinator.

   a. Responsibilities

      The curriculum coordinator must:

      1) lead development of the curriculum to ensure alignment with Appendix B; and

      2) coordinate periodic review and recommend revisions of the curriculum.

   b. Qualifications

      The curriculum coordinator must:

      1) be a certified lactation consultant; and

      2) be proficient in lactation education and curriculum development; and

      3) hold a Bachelor's degree or equivalent degree that provides the knowledge and skills to manage the curriculum

3. Faculty/Clinical Instructional Staff

   a. Responsibilities

      1) The faculty/clinical instructional staff must be responsible for providing instruction, evaluating students and reporting progress as required by the institution, and reviewing and updating course materials.

      2) In each location where a student is assigned for didactic/supervised clinical practice instruction, there must be a qualified individual designated to provide that supervision and related assessments of the student's progress in achieving acceptable program requirements.

   b. Qualifications

      1) Faculty/clinical instructional staff must be individually qualified by education and experience and must be effective in teaching the subjects assigned.

      2) Faculty/clinical instructional staff for the lactation portion of the educational program, both didactic and supervised clinical practice, must each be a certified lactation consultant.

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for completion.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content specified in Appendix B of these Standards.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcome assessments must include, but are not limited to: national/ international credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

"Positive placement" means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

"National credentialing examinations" are those accredited by the National Commission for Certifying Agencies (NCCA). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination or an alternative examination is available to be administered prior to graduation from the program. Results from an alternative examination may be accepted, if designated as equivalent by the organization whose credentialing examination is so accredited.

2. Outcomes Reporting

The program must periodically submit to LEAARC the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the LEAARC to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the (e.g., through a website or electronic or printed documents).

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory and in accord with the statutes, rules and regulations of the geopolitical regions or settings in which they are offered. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients/clients, students, and faculty and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/LEAARC in a timely manner. Additional substantive changes to be reported to LEAARC within the time limits prescribed include:

1. Change in institution's legal status
2. Changes that represent significant departure in curriculum content
3. Change in method of curriculum delivery
4. Change in the degree or credential awarded

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form.

The "Request for Accreditation Services" form can be obtained from the CAAHEP website.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the Lactation Education Accreditation and Approval Review Committee (LEAARC). The on-site review will be scheduled in cooperation with the program and LEAARC once the self-study report has been completed, submitted, and accepted by the LEAARC.

2. Applying for Continuing Accreditation

a. Upon written notice from the LEAARC, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form.

The "Request for Accreditation Services" form can be obtained from the CAAHEP website.

b. The program may undergo a comprehensive review in accordance with the policies and procedures of the LEAARC.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is-provided the opportunity to comment in writing and to correct factual errors prior to the LEAARC forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

a. The program must inform the LEAARC and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).

b. The sponsor must inform CAAHEP and the LEAARC of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the LEAARC that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer

of Sponsorship Services" form. The LEAARC has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

c. The sponsor must promptly inform CAAHEP and the LEAARC of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the LEAARC in accordance with its policies and procedures. The time between comprehensive reviews is determined by the LEAARC and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay LEAARC and CAAHEP fees within a reasonable period of time, as determined by the LEAARC and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with LEAARC policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a LEAARC accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the LEAARC.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the LEAARC and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the LEAARC. The sponsor will be notified by the LEAARC of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the LEAARC forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

   The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the LEAARC forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The LEAARC's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3 Before the LEAARC forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The LEAARC's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the LEAARC at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Appendix B

Competencies for Lactation Consultant Education Programs

These *Competencies for Lactation Education Programs* define the knowledge and skills that students must achieve prior to graduation. Applicable for post-secondary academic education throughout the world, it includes college level general health education and lactation competencies required for lactation consultant practice.

1. General Education

The general education provides a broad base of support to serve as a foundation for lactation consultant practice. College level courses are required in the following topics:

a. Biology: Growth, structure and function of living organisms
b. Research: Fundamental theories and concepts of scientific inquiry and evidence-based practice
c. Human anatomy: Structure of human body systems
d. Human physiology: Physiology and function of human organ systems
e. Child development: Developmental stages for infants and young children
f. Basic nutrition: Principles of nutrition and health
g. Psychology: Foundations of psychology, counseling or interpersonal communication
h. Sociology: Sociological concepts of the cultural aspects of human behavior

The following required topics may be completed within college courses or through continuing education:

i. Healthcare profession:
    1) Medical documentation
    2) Health/medical terminology
    3) Ethics for health professionals (ethical conduct, confidentiality, informed consent and conflict of interest)
j. Health safety:
    1) Occupational safety
    2) Universal safety precautions
    3) Infection control
    4) Basic life support

2. Lactation Education

The lactation education presents required competencies applicable to any lactation program regardless of academic setting.

Communication and Counseling		
a.	**1)**	Obtain the parents' permission to provide care to their infant/child
a.	**2)**	Use appropriate counseling skills and techniques
a.	**3)**	Respect a person’s race, creed, religion, sexual orientation/gender identity/gender expression, age, and national origin
a.	**4)**	Integrate cultural, psychosocial and nutritional aspects of breastfeeding
a.	**5)**	Ascertain parents' goals for breastfeeding
a.	**6)**	Use effective counseling and communication skills when interacting with parents, children, their families and other healthcare providers
a.	**7)**	Provide support and encouragement to enable parents to successfully meet their breastfeeding goals
a.	**8)**	Apply the principles of family-centered care while maintaining a collaborative, supportive relationship with breastfeeding families
a.	**9)**	Describe gender issues within a culture as they relate to breastfeeding
a.	**10)**	Use adult education principles
a.	**11)**	Select appropriate teaching aids
a.	**12)**	Provide information at a level which parents can easily understand
a.	**13)**	Provide support and information to parents to make evidence-informed decisions
a.	**14)**	Provide evidence-based information regarding use of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, including their potential impact on milk production and child safety
a.	**15)**	Provide evidence-based information regarding complementary therapies during lactation and their impact on milk production and the effect on the infant/child
a.	**16)**	Provide anticipatory guidance to reduce potential risks to breastfeeding parents or their infant/child
a.	**17)**	Counsel and support the family in coping with the death of a child
a.	**18)**	Make appropriate referrals to other healthcare providers and community support resources in a timely manner depending on the urgency of the situation
a.	**19)**	Provide information on community resources for breastfeeding assistance
a.	**20)**	Assess social supports and possible challenges
a.	**21)**	Provide follow-up services as required and requested
a.	**22)**	Counsel and support donations to milk banks

Documentation and Communication		
b.	**1)**	Work collaboratively with the healthcare team to provide coordinated services to families
b.	**2)**	Obtain parental consent for obtaining and disclosing of information as needed or as specified by local jurisdiction
b.	**3)**	Maintain documentation of all contacts, assessments, feeding plans, recommendations and evaluations of care and retain records for the time specified by the local jurisdiction
b.	**4)**	Provide written assessments as required
b.	**5)**	Respect the privacy, dignity and confidentiality of families except where the reporting of a danger to a parent or infant/child is specifically required by law

History Taking and Assessment		
c.	**1)**	Obtain a lactation history
c.	**2)**	Identify events that occurred during the pregnancy, labor and birth that may adversely affect breastfeeding
c.	**3)**	Assess physical, mental and psychological states
c.	**4)**	Assess the breasts to determine if changes are consistent with adequate function in lactation
c.	**5)**	Assess for normal child behavior and developmental milestones
c.	**6)**	Assess and determine strategies to initiate and continue breastfeeding when challenging situations exist/occur
c.	**7)**	Identify correct latch and attachment
c.	**8)**	Assess effective milk transfer
c.	**9)**	Assess for adequate milk intake of the infant/child
c.	**10)**	Address inadequate milk intake
c.	**11)**	Assess infant oral anatomy
c.	**12)**	Assess normal neurological responses and reflexes
c.	**13)**	Provide information regarding increasing or decreasing milk volume as needed
c.	**14)**	Assess milk supply

Prenatal and Perinatal Breastfeeding Support		
d.	**1)**	Teach a prenatal breastfeeding class
d.	**2)**	Perform a prenatal breast assessment
d.	**3)**	Address health related life style issues, including alcohol, tobacco and drugs
d.	**4)**	Assess and counsel parents on nutrition
d.	**5)**	Support labor and birth practices that optimize breastfeeding outcomes
d.	**6)**	Identify and promote positive breastfeeding practices
d.	**7)**	Promote continuous skin-to-skin contact of the newborn and caregiver
d.	**8)**	Discuss the appropriate continuation of breastfeeding when parents and their infant/child are separated
d.	**9)**	Provide education to assist the family to identify newborn feeding cues and behavioral states
d.	**10)**	Educate families on normal child behaviors indicating breastfeeding needs; signs of readiness to feed, and expected feeding patterns
d.	**11)**	Assist parents and their infant/child to find comfortable positions for breastfeeding
d.	**12)**	Provide suggestions as to when and how to stimulate a sleepy baby to feed
d.	**13)**	Provide education for the family regarding the use of pacifiers/ dummies including the possible risks to lactation
d.	**14)**	Provide information and strategies to prevent and resolve sore damaged nipples
d.	**15)**	Provide information and strategies to prevent and resolve engorgement, blocked ducts and mastitis
d.	**16)**	Provide appropriate education for the family regarding the importance of exclusive breastfeeding to the health of the parent and infant/child and the risk of using human milk substitutes

Extended Breastfeeding Support		
e.	**1)**	Teach appropriate food selection for breastfed children
e.	**2)**	Provide information and strategies to minimize the risk of Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death of an Infant (SUDI)
e.	**3)**	Provide information regarding family planning methods including Lactation Amenorrhea Method (LAM) and their impact on lactation
e.	**4)**	Assist parents with their child's teething and biting as it impacts on breastfeeding
e.	**5)**	Identify issues related to early weaning and appropriate interventions/teaching for the family

Extended Breastfeeding Support		
e.	**6)**	Provide information regarding weaning from the breast when appropriate, including care of the breasts and preparation and use of human milk substitutes
e.	**7)**	Provide instruction and guidance on toddler breastfeeding
e.	**8)**	Describe and teach approaches to breastfeeding while pregnant and tandem nursing

Problem-Solving		
f.	**1)**	Evaluate potential and existing factors impacting a parent's breastfeeding goals
f.	**2)**	Assist and support parents to develop, implement and evaluate an appropriate, acceptable and achievable breastfeeding plan utilizing all resources available
f.	**3)**	Evaluate parents' understanding of all information and education provided
f.	**4)**	Provide evidence-based information to parents regarding the use of techniques and devices
f.	**5)**	Evaluate and critique how techniques and devices may be used to ensure initiation and/or continuation of breastfeeding in certain circumstances
f.	**6)**	Critique and evaluate indications, contraindications and use of techniques, appliances and devices which support breastfeeding
f.	**7)**	Evaluate, critique and demonstrate the use of techniques and devices which support breastfeeding, understand that some devices may be marketed without evidence to support their usefulness and may be harmful to the continuation of breastfeeding
f.	**8)**	Carefully choose a method of feeding when supplementation is unavoidable and use strategies to maintain breastfeeding to meet the parent's goal

Infant/Child Breastfeeding Challenges		
g.	**1)**	Develop and apply a plan of action to assist the breastfeeding dyad that has undergone a traumatic birth
g.	**2)**	Develop and apply a plan of care for the breastfeeding parent with a preterm or late preterm infant
g.	**3)**	Design and implement a plan of care for the parent with a newborn that is small for gestational age (SGA) or large for gestational age (LGA)
g.	**4)**	Design and implement a plan of care for breastfeeding multiples
g.	**5)**	Facilitate breastfeeding for the medically fragile and physically compromised infant/child
g.	**6)**	Describe and implement a plan of care for the breastfed hypoglycemic newborn
g.	**7)**	Calculate an infant/child's caloric/Kilojoule and volume requirements

Infant/Child Breastfeeding Challenges		
g.	**8)**	Assess the breastfeeding infant/child's growth using World Health Organization adapted growth charts
g.	**9)**	Assess and implement a breastfeeding plan for the hyperbilirubinemic newborn
g.	**10)**	Identify infant/child conditions that may impact breastfeeding, including but not limited to disorganized or ineffective suck, ankyloglossia, cleft lip/palate, Pierre Robin syndrome, and Down syndrome
g.	**11)**	Identify yeast infection and instruct the parent on appropriate interventions
g.	**12)**	Assess the infant/child for colic, gastric reflux, lactose overload, and food intolerances and their impact on breastfeeding
g.	**13)**	Assist parents of an infant/child with a chronic medical condition that may impact breastfeeding
g.	**14)**	Recognize and offer breastfeeding assistance for the infant/child with cardiac problems

Parental Breastfeeding Challenges		
h.	**1)**	Identify medical conditions that impact breastfeeding and appropriate teaching for parents
h.	**2)**	Identify special needs of adolescent breastfeeding parents
h.	**3)**	Assist and support the parents to identify strategies to cope with peripartum mood disorders (prenatal depression, "baby blues", postpartum depression, anxiety and psychosis) and access community resources
h.	**4)**	Support parents who are inducing lactation or relactating
h.	**5)**	Address physical disabilities which may limit parents' handling of their infant/child
h.	**6)**	Counsel and support HIV positive parents and those of unknown HIV status, and be able to convey current recommendations on infant feeding

Public Health		
i.	**1)**	Teach the use of breastfeeding during emergencies and appropriate support
i.	**2)**	Use quality assurance standards in delivery of care
i.	**3)**	Develop a community outreach program
i.	**4)**	Describe national and global policy and program development, history, rationale and current issues

Research, Legislation and Policy		
j.	**1)**	Critique, evaluate and incorporate evidence-informed findings into practice within the laws of the work setting
j.	**2)**	Evaluate research and breastfeeding data
j.	**3)**	Describe various research methods and the most appropriate method for a given research question
j.	**4)**	Use appropriate resources for research to provide information to the healthcare team on conditions, modalities, and medications that affect breastfeeding and lactation
j.	**5)**	Describe and apply behavior change theories
j.	**6)**	Participate in the development of policies at global, national, and local levels which protect, promote and support breastfeeding

Professional Responsibilities and Practice		
k.	**1)**	Conduct oneself in a professional manner, practicing within the framework of the profession's code of ethics, scope of practice, and clinical competencies
k.	**2)**	Assist families with decisions regarding feeding their infants/children by providing evidence-based information that is free of any conflicts of interest
k.	**3)**	Advocate for breastfeeding women, infants, children and families in all settings and promote breastfeeding as the infant/child feeding norm globally
k.	**4)**	Promote the principles of the WHO Global Strategy for Infant and Young Child Feeding
k.	**5)**	Promote the principles of the Baby Friendly Hospital Initiative
k.	**6)**	Demonstrate the process to report a lactation consultant who is found guilty of a criminal offense or is functioning outside the framework of the profession's code of ethics, scope of practice, or clinical competencies
k.	**7)**	Describe and analyze practice setting options for lactation consultants

Leadership and Teaching		
l.	**1)**	Demonstrate personal leadership skills that reflect self-awareness and vision
l.	**2)**	Demonstrate leadership and cultural awareness when communicating within an organization and when representing an organization to others
l.	**3)**	Provide breastfeeding information to lay and health professional audiences utilizing adult learning methods and demonstrating public speaking skills